



STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM

APPLICATION TO CHANGE AN APPROVED
PRELIMINARY OR CONTINUING EDUCATION COURSE

FOR DEPARTMENT USE ONLY

DTN: _____

Approved By _____

Disapproved By _____

Date _____

SECTION 1 - NOTICE TO APPLICANT

Pursuant to the California Code of Regulations, Title 25, Division 1, Chapter 4, Subchapter 2, Sections 5308 and 5310 (hereinafter 25CCR), approved curriculums or materials shall not be altered or eliminated, or new materials or topics shall not be introduced and used without written approval of the department.

Charges ordered by the department due to inaccuracy caused by statutory or regulatory changes must be submitted within thirty (30) days of the written order or the use of the course must be discontinued. 25CCR Section 5320(b)

Substantially altered courses must be submitted for approval pursuant to 25CCR Section 5340 or 5342 and 25CCR Section 5346(c)

A separate application with a fee of \$178 is required to be submitted for each course changed. 25CCR Sections 5346(a) and 5360(d)

NOTE: FEES ARE SUBJECT TO CHANGE.

SECTION 2 - APPLICANT INFORMATION Print or Type

COURSE PROVIDER NAME _____ TELEPHONE (____) _____

ADDRESS _____
Street or P.O. Box City State ZIP Code

SECTION 3 - COURSE INFORMATION Print or Type

COURSE TITLE _____ APPROVAL NO. _____

TYPE CHANGE: ☐ VOLUNTARY ☐ DEPARTMENT ORDERED

SECTION 4 - DESCRIPTION OF CHANGE Print or Type

1. Give an itemized description of change(s) to the course as originally approved.
2. Attach additional sheets if necessary.
3. Attach any changed or new material.
4. If this is a voluntary change, complete Section 5.

SECTION 4 - DESCRIPTION OF CHANGE (Continued)

Give an itemized description of change(s) to the course as originally approved:

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

SECTION 5 - PURPOSE FOR CHANGE Print or Type

1. For voluntary changes only, give an explanation of the purpose for the change.
2. Attach additional sheets if necessary.

☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

SECTION 6 - APPLICANT CERTIFICATION

I, _____, certify under penalty of perjury that the
Print or Type Name

information given on this application and any attachment hereto is true and correct to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____